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APPLICATION NO.	FILING DATE		FIRST NAMED 'NVENTO	P.	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/522,337 TITLE OF INVENTION	07/15/2005 : VIBRATION GENER	ATOR AND ELECTR	Shun Kayama CONIC APPARATUS		264838	BUS6X PCT	6459	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISSU	EV. PAID ISSUE FEE TOTAL FEE(S		DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	<u> </u>	\$1700	12/27/2006	
EXAMINER		ART UNIT	CLASS-SUBCLASS	7				
NGUYEN, TRAN N		2834	310-081000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED OF PLEASE NOTE: Unless an assignee is identified below, no assignee.			(1) the names of up or agents OR, alterna (2) the name of a sin registered attorney or 2 registered patent at listed, no name will b	ame of a single firm (having as a member a d attorney or agent) and the names of up to red patent attorneys or agents. If no name is on name will be printed.				
(A) NAME OF ASSIGNEE  1) SONY CORPORATION 2) OMRON CORPORATION Please check the appropriate assignee category or categories (will not be			(B) RESIDENCE: (CH 1) Tokyo, JAP 2) Kyoto-shi,	Y and STATE OR ( AN JAPAN	eousatry)		300.00 0p	
			4b. Payment of Fee(s): (PI  A check is enclosed  Payment by credit c	Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number →15-0030 (enclose an extra copy of this form).				
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Authorized Signature	Joseph Sca	fetta fr.		Date	NO Re			

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